



### EMPLOYMENT VERIFICATION

Fairfax County supports families earning low and moderate-income by providing a sliding fee scale for SACC families. To be eligible, adults must document hours of work and income. Please complete all information requested below.

*Section I: Employee to complete:*

Employee's Name: \_\_\_\_\_ SACC Account #: \_\_\_\_\_

Employee's Address: \_\_\_\_\_  
(street) (city/state) (zip code)

Employee's Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

**I authorize my employer to release information regarding my employment, salary and schedule.**

\_\_\_\_\_  
 Employee's signature

\_\_\_\_\_  
 Date

*Section II: Manager/Supervisor/Employer to complete:*

- \_\_\_\_\_ works for me \_\_\_\_\_ hours per week.
- This employee's rate of pay is: \_\_\_\_\_ per  hour  day  week  month  
 bi-weekly (26 times/year)  bi-monthly(24 times/year)
- This employee  **does**  **does not** receive pay stubs (check one). Pay stubs will have to be submitted along with this form.

**Work Schedule:**

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
(Example: 8-5)							

- Employee's Start Date: \_\_\_\_\_
- Manager/Supervisor's Name/Title (please print): \_\_\_\_\_
- Company or Organization Name: \_\_\_\_\_
- Company Address: \_\_\_\_\_
- Employer's Phone Number: \_\_\_\_\_

**I certify that this income information is a true and accurate statement of the financial status of my employee.**

\_\_\_\_\_  
 Manager/Supervisor's Signature

\_\_\_\_\_  
 Date

